Attorney's Docket No.:	005220.P001	<u>Patent</u>

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

or PCT International Application Number \_\_\_\_\_

(if applicable)

and was amended on (MM/DD/YYYY) \_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above. I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, and that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority <u>Claimed</u>	
(Number)	(Country)	(Foreign Filing Date - MM/DD/YYYY)	Yes No	
(Number)	(Country)	(Foreign Filing Date - MM/DD/YYYY)	Yes No	
(Number)	(Country)	(Foreign Filing Date - MM/DD/YYYY)	Yes No	
I hereby claim the benefit u provisional application(s) lis		tes Code, Section 119(e) of	any United States	
(Application Number)	(Filing Date - I	MM/DD/YYYY)		
(Application Number)	(Filing Date – I	MM/DD/YYYY)		
is not disclosed in the prior of Title 35, United States C known to me to be material	United States application ode, Section 112, I acknow to patentability as define available between the	ect matter of each of the clai on in the manner provided by nowledge the duty to disclost ned in Title 37, Code of Fede filing date of the prior applic	y the first paragraph e all information eral Regulations,	
(Application Number)	(Filing Date – MM/D		nted, ling, abandoned)	
(Application Number)	(Filing Date – MM/D		nted, ling, abandoned)	
part of this document) as m	y respective patent atto , to prosecute this appli	hereto (which is incorporate orneys and patent agents, w cation and to transact all bus	ith full power of	
Send correspondence to			KOLOFF, TAYLOR &	
(Name of Attorney or Agent)  ZAFMAN LLP, 12400 Wilshire Boulevard 7th Floor, Los Angeles, California 90025 and direct telephone calls to  Daniel E. Ovanezian, (408) 720-8300.  (Name of Attorney or Agent)				

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's Signature Dail D. Faullett	Date	10/30/2000
Residence Foster City CA (City, State)	Citizenship	U.S.A.
Post Office Address 546 Cutwater Lv.  FOSTER CETY, CA 9446		•
Full Name of Second/Joint Inventor		
Inventor's Signature	Date	
Residence(City, State)	Citizenship	(Country)
Post Office Address	•	
Full Name of Third/Joint Inventor		
Inventor's Signature	Date	
Residence(City, State)	Citizenship	(Country)
Post Office Address		
Full Name of Fourth/Joint Inventor		410-410-
Inventor's Signature	Date	
Residence(City, State)	_ Citizenship	(Country)
Post Office Address		